THE DOCTRINE

OF

THE DURATION OF LABOUR.

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The progress of obstetrics is not characterized, as that of some of the more exact sciences, by a secure and gradual advance with unassailable step, always conquering some part of the region of the unknown. Our science, seeking to enlarge the boundaries of what is certain and fixed, makes its conquests from the unknown in a field, wide indeed, and surrounding it on every side, composed, in its nearer parts, of doctrines more or less nearly approaching in stability to those admitted within the true boundaries of the science, but, in its more distant regions, of mere shadowy hypotheses, that have not yet acquired any roots, and of ephemeral conjectures, the offspring of shallowness, of special pleadings, and of vanity.

It is the object of the author to claim a place in the science of Midwifery for the doctrine of the Duration of Labour—doctrine exceeded in importance by none within the limits of obstetrics, and having the most extensive bearings upon that invaluable art or practice of the accoucheur of which the science is the chief expositor. It and similar doctrines have been deprived of their real features and importance, and hid from general appreciation, by the violent and not always seemly struggles which have taken place upon them, and which have uniformly ended, like many battles with more bloody weapons, either in a nullity of real result, or in the more or less complete discomfiture of all the contending parties. But perhaps the medical philosophers of another age will have wisdom to regard, with-

out pity or shame, these strifes of our day as necessary episodes in the story of the progress of imperfect beings towards perfect truth—in the progress of human intellects towards real science.

The doctrine of the duration of labour has been the real centre of many discussions which have been invested with other names, derived from some therapeutical principle which has been supposed to receive confirmation or confutation from its bearings upon it. In these discussions, the obstetric schools of Edinburgh and of Dublin have more than once been found on opposite sides, as if truth were known by different symbols in the two countries. A dispassionate inquirer, perusing these interesting discussions, will not fail to discover that, while each party had much truth as well as error in its arguments, each, with a blind zeal, attacked indiscriminately both truth and error in its opponents.

The chief practical questions which have been investigated in connection with the doctrine of the duration of labour, are the artificial dilatation of the os uteri, certain other points in the management of protracted labour, turning as a substitute for craniotomy, and the use of anæsthesia in midwifery. In these questions, I shall not at present interfere; only I may cite them occasionally to illustrate and facilitate the development of the great doctrine of the duration of labour, which is now my only object. The names of Breen, Hamilton, Burns, Murphy, Collins, and Simpson, will always be honourably associated with the history of this doctrine. If in the sequel I do not frequently refer to all these writers, it is not because I lightly appreciate their labours, but because the subject appears to me to be now arrived at a stage at which it may, with advantage, be as far as possible dissociated from these various questions, which have been its parents, but would at present only injuriously encumber it. It is necessary to add, that the two last of these names indicate the latest dispute on this subject. In its various stages, much talent was shown, and much truth elicited, on both sides. With this last discussion I am most familiar, and will naturally, therefore, refer to it more than to the views of the other authors distinguished in connection with the subject.

Into the questions we shall have to discuss, the use of statistics has been introduced; and it would be difficult to decide whether their application has tended more to elucidate or to confuse. It is evident that accurate statistics can never yield false results; but false results are easily made to appear as if yielded by them. In other words, if a disputant resorts to statistics, without the most jealous use of logic, he easily flatters himself that the results he wishes from them are what they really supply. Against this fatal allurement into error, many beacons have been erected, but they have not produced the safeguard desired by their sanguine authors. The present discussion, like many others in obstetrics, will afford clear examples of this abuse of a means of research, which is among the most valuable on points where it is really available.

CHAPTER I.

THE DURATION OF LABOUR IN RELATION TO THE MORTALITY OF THE MOTHER IN PARTURITION AND CHILDBED.

In this chapter we have to adduce and prove two propositions.

1*st Proposition.*—The mortality of women in parturition and childbed, increases with the increasing duration of labour (in an undetermined ratio).

2*d Proposition.*—The duration of labour is only an inconsiderable part of the many causes (single or combined) of the mortality of women in parturition and childbed.

These two propositions have hitherto been either confused together, or made to conflict with one another. They really stand side by side, declaring separate truths, between which no collision can justly be made to arise.

1*st Proposition.*—*The mortality of women in parturition and childbed, increases with the increasing duration of labour (in an undetermined ratio).*

This proposition is one which easily gains credence, when the obstetrician reflects on the abstract nature of it. It is one whose practical bearings are of the most remote description, if any. But although this is the case, it enunciates a solid truth, and can never be with justice either neglected or depreciated. The proposition does not affirm anything whatever in regard to the influence of prolongation of labour upon the maternal mortality from the process; nor does it affirm anything whatever as to the dangerousness of the pains of labour. It affirms nothing in regard to any individual case. It merely asserts the general law, that as labours increase in duration, or become protracted, they are also accompanied or followed by a greater maternal mortality.

A proposition such as this scarcely requires proof. As labour becomes protracted, so does life; and we know that every hour of life added in adult age increases the mortality of mankind. But in the human female many dangers press around the couch of child-bearing, and combine to raise, for the childbed month at least, the mortality of females very far above what can be accounted for by the mere general law applicable to all mankind. The dangers of child-bearing are, for the most part, concentrated into the period of labour, or derive from it their origin. The longer the labour, there will be the more opportunities for such dangers to intervene; and hence it naturally follows, that the mortality of women in parturition and childbed, increases with the increasing duration of labour.

But this proposition has been confirmed by numerical investigations. I shall avail myself of Dr Simpson's careful calculations,[1]

[1] *Provincial Med. and Surg. Journal*, 1848, p. 602.

made from the data contained in Dr Collins' admirable report of the Dublin Lying-in Hospital, for a like purpose. Dr Collins has in his report stated the duration of labour in 15,850 cases, of which 138 proved fatal. Table No. I. exhibits these cases, arranged so as to show that the maternal mortality increased as the duration of the process of labour was augmented. It requires no explanation or commentary.

TABLE I.

Duration of Labour.	Number of Deliveries.	Number of Deaths.	Proportion of Deaths.
Within 1 hour	3537	11	1 in 322
From 2 to 3 hours	6000	26	1 in 231
From 4 to 6 hours	3875	29	1 in 134
From 7 to 12 hours	1672	21	1 in 80
From 13 to 24 hours	502	19	1 in 26
From 25 to 36 hours	134	8	1 in 17
Above 36 hours	130	24	1 in 6

Such, then, is the statement and demonstration of this proposition.

It will be observed, that the table of Dr Collins' data gives us no information as to the special mortality of labours of extremely short duration, finished at various periods less than one hour. It is a very general opinion, and I believe a very correct one, that very rapid labours are, comparatively speaking, injurious and dangerous. And more minute investigation, as to the relations of very brief labours to maternal mortality, will probably show that there is a limit, at some point within an hour, beneath which, if labours go on diminishing in brevity, they increase in mortality,

It is not my purpose here to trace further than in a single author the history of this proposition. It has been stated, in terms almost identical with those I have used, by Professor Simpson, and confirmed by the table which I have adduced. To him, therefore, belongs the merit of formally enunciating it.[1] This we cordially admit, although it would be scarcely a stretch of literary justice to refuse him any credit whatever in connection with it; for it will afterwards appear that he has so misunderstood, and so used the principle, and the table on which alone he founds it, that his merit in the matter can be established only by separating the two or three sentences, containing the bare principle and table, from the mass of writing and argument in which he has enveloped them.

We find this author first using the statistics of Table I., to show that "the mortality accompanying labour is regulated principally by the previous length and degree of the patient's sufferings and

[1] *Provincial Med. and Surg. Journal*, loc. cit.; and *Obstetric Works*, vol. i. p. 527.

struggles. In the Dublin Lying-in Hospital (he says), when under Dr Collins' able care, out of all the women, 7050 in number, who were delivered within a period of two hours from the commencement of labour, twenty-two died, or one in every 320. In 452 of his cases, the labour was prolonged above twenty hours; and of these 452, forty-two died, or one in every eleven,—a difference enormous in its amount, and one surely calculated to force us all to think seriously and dispassionately of the effects of severe suffering upon the maternal constitution."[1] Now, it will be evident to the most cursory consideration, that these statistics afford no ground whatever for such reflections. No doubt, sufferings and struggles are important elements in the history of any labour or set of labours; but nothing in regard to the influence of sufferings and struggles upon the mortality of parturition can, by any allowable stretch of ingenuity, be wrested from the statistics adduced. These statistics support only the general proposition (the first) as to the relation of duration to mortality of labour. This relation is determined by a thousand circumstances, known and unknown, besides sufferings and struggles, in regard to the special baneful influence of which last it affords scarcely the slightest presumption.

When thus using Dr Collins' data, Dr Simpson was simultaneously engaged in his defence of anæsthesia in midwifery. In this cause, searching everywhere for arguments to convince Professor Meigs, he may be to a great extent excused, even when again falling into his former error in the use of these statistics. Addressing his transatlantic friend, and speaking of the pain of labour, he says, "It is safe in proportion to its shortness, and dangerous in proportion to its length. In the Dublin Hospital, the tables of which afford the only data on this point that I know to refer to, when the women were four hours in labour, more subsequently died than when their pain did not exceed two hours; of those that were eight hours in labour, more subsequently died than of those that were four hours ill; of those that were twelve hours in suffering, more died than of those that were eight: and so on, in a regular progression. The longer this supposed salutary and conservative manifestation of life-force (as Dr Meigs terms it), the greater became the mortality. . . . etc."[2] It is not to be wondered at that this argument did not convince Dr Meigs, since it is as illogical in its use as it is wrong in its essence. What accoucheur could for a moment resist the argument, if true? It is not our object here to discuss the influence of painfulness, or sufferings and struggles, or, in short, of whatever anæsthesia could annul, upon the maternal mortality of labours; we shall only say, that all accoucheurs must recognise it as a great exaggeration,

[1] *Monthly Journal of Medical Science*, October 1848; and *Obstetric Works*, vol. ii. p. 689.

[2] *Association Medical Journal*, July 1853, p. 582. *Obstetric Works*, vol. ii. p. 710.

to imply that pain, etc., has any such immense influence as Dr Meigs is asked to believe. Were it so, then anæsthesia should deprive parturition of its largest sources of mortality.

In defending his views in regard to turning in cases of deformed pelvis, we find the same author reverting to the same statistics of Dr Collins for assistance. Here he supplies evidence against his own former use of these data, or *vice versa*. For he now interprets them as affording "ample evidence that, contrary to the general opinion of the obstetric profession, the mere length of the labour is a most serious and important element in reference to the degree of danger and fatality accompanying the process."[1] But again, it will be evident, that these statistics afford no ground for attributing the maternal mortality to length or duration of labour as a cause, just as they afforded no ground for attributing the same mortality to the pain, etc., of the process. The proposition, that the increasing length of labour is accompanied by an increasing mortality, is a proposition at once true and proved by the statistics in question; while the proposition, that the "mere length of the labour is a most serious and important element in reference to the degree of danger and fatality accompanying the process," is one, to say the least, very questionable, and one to which the statistics afford no countenance. It is not necessary further to point out that, if the statistics so often referred to show that pain, etc., is the cause of the mortality, the same statistics cannot show that the mere duration is the cause of it; and if they prove either of these two points, they cannot be fairly extended to demonstrate the entire grounds of our first proposition. The author on whom we are commenting uses these same statistics to prove these three different if not converse propositions: an extremely illogical proceeding.

Dr Collins justly objected to Dr Simpson's uses of his data. The truth that was in them he rejected along with the error. A man of practical sagacity and immense experience, he at once repelled Dr Simpson's erroneous conclusions from the data in his "Practical Treatise," in regard to the influence of pain and of length of labour upon maternal mortality. The inward testimony of his experience was so strong as to lead him instantly, and without analyzing the statistical reasoning, to denounce these conclusions as visionary and extravagant. The truth of our first proposition he never grappled with. It had no apparent practical bearings; and therefore he refused to regard it.

Dr Collins might have gone a little further. It would have been quite a legitimate use of Dr Simpson's argument, as to the influence of length of labour upon the maternal mortality, to turn it against the whole practice of anæsthesia in midwifery. For it is a very general belief, that anæsthetics, by diminishing the force of the pains,

[1] *Provincial Med. and Surg. Journal*, Feb. 9, 1848, p. 58; and *Obstetric Works*, vol. i. p. 527.

increase the duration of labour, at least, in many cases. Hence it follows, if Dr Simpson is right in regard to the baneful influence of mere length of labour, that anæsthesia must tend to increase the maternal mortality. But, as we have shown that the statistics do not demonstrate this baneful influence of mere length of labour, the opponents of anæsthesia are deprived of this otherwise strong argument provided for them by the greatest promoter of the practice.

Before advancing to the second proposition, I shall illustrate the errors fallen into in regard to the first, by a reference to a subject long within the recognised domain of statistics.

TABLE II.

Duration of Life.	Proportion of Deaths.
At the age of 20 years	1 in every 141
„ „ 30 „	1 „ 99
„ „ 40 „	1 „ 77
„ „ 50 „	1 „ 74

This second table may be assumed to be a correct statement of the mortality of mankind at different periods of life. An intelligent actuary will at once say, that it proves that the mortality of mankind increases with the increasing duration of life, just as he would recognise our first table as bearing direct testimony to the truth of our first proposition. But such an actuary will never say or admit, that the adjoining table proves anything in regard to the sufferings and struggles, or pain, endured by mankind, or in regard to the effects of advancing life. It cannot be proved by our first table, that the mortality accompanying labour is regulated principally by the previous length and degree of the patient's sufferings and struggles, nor is it true; so it cannot be proved by our second table, that the mortality of mankind is regulated principally by the previous length and degree of the individuals' sufferings and struggles, nor is it true. It cannot be proved by our first table, that the pain of labour is safe in proportion to its shortness, and dangerous in proportion to its length, nor is it true; so it cannot be proved by our second table, that the pains occurring during life, are safe in proportion to their shortness, and dangerous in proportion to their length, nor is it true. It cannot be proved by our first table, that, contrary to the general opinion of the obstetric profession, the mere length of labour is a most serious and important element in reference to the degree of danger and fatality accompanying the process, nor is it true; so it cannot be proved by our second table, that, contrary to the general opinion of mankind, and of the medical profession, the mere length of life is a most serious and important element in reference to the degree of danger and fatality accompanying life, nor is it true.

2d Proposition.—The duration of labour is only an inconsiderable

part of the many causes (single or combined) of the mortality of women in parturition and childbed.

Having, under our first proposition, cleared away many of the incumbrances of the whole subject, the treatment of this second will be much more brief.

There is no obstetrical doctrine more deeply impressed on all the valuable literature of our profession than this, that the mere duration of labour, considered in itself and apart from other causes of danger liable to spring up as the process becomes protracted, is of little importance, so far as recovery and life of the mother are concerned. The doctrine is embodied in the ever-recurring inculcation of patience, as the highest virtue of both mother and attendant, in many and various circumstances of distress during labour. Sometimes it is expressed in an apophthegm, as "Meddlesome midwifery is bad;" at all times it is diligently instilled into the minds of young midwives and accoucheurs. Unlike our first proposition, a comparatively barren theorem, this is one of the best recognised and most valuable doctrines in obstetrics. It is one, therefore, of the utmost consequence to defend and confirm.

The proposition does not affirm that the mere duration of labour is of no importance,—quite the reverse. Far less does it affirm, that the duration of labour, with the accompanying pain and struggles, is not a very considerable element in the history of every case. It says nothing in regard to the very important effects of the duration of labour after bad symptoms or dangerous complications have supervened. It asserts, that the duration of labour is in itself (*per se*) only an inconsiderable part (probably a very inconsiderable part) of the many causes of the mortality of women in parturition and childbed.

Perhaps the strongest evidence in favour of this proposition, is the fact, that it is the ancient and generally received opinion of the profession.[1] It rests upon what may be called the instincts of all experienced

[1] In attempting the defence of the opposite view, Dr Simpson says, "I am fully aware that when I state my conviction, that the mere degree of duration and continuance of a labour is, *per se*, dangerous both to the mother and child, and very often fatal even in its influence, I venture to broach a doctrine which stands up alike against the opinion and the practice of some of the highest authorities in the obstetric profession."

"About half a century ago, when treating of the influence of the duration of labour in difficult and instrumental deliveries, Dr Osborn observed,—'I believe it is confirmed by general observation, that women recover at least as well after long, lingering, and laborious labours, the duration of which may have been extended to several days, as after the easiest, quickest, and most natural delivery.' In making this remark, Dr Osborn stated, not his own opinion only, but, I believe, the general opinion of the accoucheurs of his time; and the same doctrine, little or not at all modified, still continues to be taught and acted upon, down to the present day, in the great English and Irish schools of midwifery, as the able and excellent writings of (for example) Professors Davis and Murphy, in London, and Drs Collins and Beatty, in Dublin, etc., fully testify."—*Provincial Medical and Surgical Journal*, Feb. 9, 1848, p. 57.

accoucheurs. In a science like medicine, where so little is capable of absolute demonstration, the opinions of the great and wise, especially if supported by ancient tradition, are among the most valuable and trustworthy guides of practice.

But the proposition may be supported most satisfactorily, both by direct and indirect evidence. Were it true that, "contrary to the general opinion of the obstetric profession, the mere length of the labour is a most serious and important element in reference to the degree of danger and fatality accompanying the process," then a well established rule of philosophizing must be declared to be at fault. It was a maxim of Newton's, that no more causes are to be admitted than are true and sufficient to explain the effects. Now it will be asserted by scarcely any one, that any obstetric patient dies without a very evident, true, and sufficient cause. The causes of such deaths are very various indeed; but the mere length of labour is, by Newton's maxim, excluded from the number, as the truth of it is in question, and it is not required to explain the phenomena.

Moreover, it is always true in nature, that uniformity of cause insures uniformity of effect. This axiom is also at variance with the belief, that mere duration of labour is an important cause of fatality from the process. For it is a common observation, that after long labours, even after the longest uncomplicated labours, there is often unusually rapid recovery. In the great mass of very long cases, there is generally present some distinct and dangerous complication, which obscures the influence of the mere length of the labour, and destroys their value in regard to the observation of the effects of mere protraction. Again, in short and easy labours, where duration as a cause of fatality, supposed by some to be supremely important, is absent, there is still a considerable mortality.

Dr Collins has distinguished himself by his zealous defence of the doctrine embodied in our second proposition, maintaining, as he does, that the mortality from protraction of labour, apart from other causes, is comparatively small. His valuable "Practical Treatise" contains no record of any case dying from the mere length of the labour; and his experience, founded on his wide field of observation, leads him to believe mere protraction of labour an inconsiderable cause of maternal mortality. It would be difficult to adduce statistics, at least from Dr Collins' work, to prove our second proposition. We have already shown how erroneously statistics framed from the data in his work have been used, and pushed forward as if proving that our second proposition is false. But some of Dr Collins' data are almost as valuable as if they were positive proofs, from the light which they throw on the real causes of death in protracted cases.

To take one aspect of Dr Collins' cases, as he has himself given it.[1]

[1] *Provincial Medical and Surgical Journal*, Oct. 18, 1848, p. 573.

Of 16,414 parturient women under his care in the Dublin Lying-in Hospital, forty-two died, whose labours were longer than twenty hours. "Of the forty-two, three died of typhus fever; nine of puerperal fever; one of stricture of the intestine, with effusion into the thorax; three where the placenta was retained; two of convulsions; one of abdominal inflammation previous to labour; nine of rupture of the uterus; one of inflammation of the intestines, with pus in the uterine sinuses; three of anomalous disease; one of diffuse cellular inflammation; six of inflammation, etc., subsequent to difficult labour; one of ulceration and sloughing of the vagina; one of disease of the lungs and hemorrhage; and one of abdominal abscess." Here it is evident that we have a list of causes of death, apart from mere duration of labour, in all the cases where the length of the process exceeded twenty hours. No doubt, the mere length of the labour may have been an aggravation in all these cases, but of this there is no evidence whatever in Dr Collins' data, however arranged; and we must accept the opinion of Dr Collins, who took care of all the cases, an opinion sanctioned by previous general acceptation for ages, that protraction of labour was an inconsiderable part of the many causes of this maternal mortality in childbed.

The true bearing upon the great question before us of the statement just quoted from Dr Collins, has been altogether misconceived in some quarters. Dr Collins' statement has been represented as "a list merely of such injuries and diseases as tedious labour does produce;" and it is added, as if it were an apt illustration, that "long ago surgeons always used to argue, in regard to their lithotomy and other cases, that the deaths were from inflammation of the bladder, or inflammation of the intestines, or disease of the kidneys, or of the liver, or—anything, in fact, but the operation itself. Modern surgery (it is said) does not admit of such pathological casuistry. Nor does modern midwifery."[1] It is scarcely worth while to stop to contradict, in the most summary manner, the indiscreet reproach so easily cast upon old surgery and surgeons. Let us, submit for a moment, and for argument's sake, to consider it true—and only for a moment, as its irrelevancy will be easily made apparent. These old surgeons argued that their patients did not die of lithotomy, or of its consequences. Dr Collins does not argue that his patients did not die of labour and its consequences; on the contrary, he admits it. Dr Collins argues, in opposition to Dr Simpson, that the "mere length" of labour was not a cause of death. To make a just use of the analogy above given, Dr Simpson should have condemned the old surgeons for not considering the mere duration of the operation of lithotomy as a chief cause of the mortality of the operation. Dr Simpson wishes us to condemn the old surgeons for not admitting inflammation of the bladder and intes-

[1] *Provincial Medical and Surgical Journal*, Nov. 1, 1848, p. 506.

tines, etc., as causes of death in connection with lithotomy. In his zeal to prove the importance of mere duration of labour in reference to the fatality of the process, he censures Dr Collins for admitting exactly analogous diseases as causes of death in connection with labour. Moreover, when Dr Simpson speaks of "tedious" labour, he uses a well-known term, implying a great deal more than mere length of labour. When he says that tedious labour produces such diseases as Dr Collins enumerates, then he and Dr Collins are at one, and he had no right to address him as if committing a very great error. When he says that tedious labour produces these effects, he is not differing from, but agreeing with, the whole profession; only, he is deserting the position which Dr Collins attacked, and which he would still fain appear to hold. For his statement is not that tedious labour leads to these causes of death—a true one, but "that the mere degree of duration and continuance of a labour is, *per se*, dangerous both to the mother and child, and very often fatal even in its influence;"[1]—a doctrine most obviously incorrect.

The element of mere duration of labour is, in fatal cases, so mixed up with other circumstances, that I despair of medical philosophers being ever able so to handle obstetric statistics as to make them yield anything like an approximation to a proper estimate of the baneful influence of mere duration of labour. In protracted cases, with no other evident dangerous complication, it is a common remark, that the patients appear to make unusually rapid recoveries.

In tedious cases, it is not the protraction which causes the complications and danger, but the complications which cause the protraction and danger, leaving the mere protraction as a negation destitute of any presiding influence.

Such is the statement of, and evidence for, our second proposition.

In the discussion between Dr Collins and Dr Simpson as to the influence of mere duration of labour upon maternal mortality, we have seen that the latter, by his use of Table No. I., tried to prove that Dr Collins was wrong in asserting that the mortality of mothers from protracted labour was strikingly small. Although Dr Collins was not very happy in his statement of his views, and sometimes not to be justified in his arguments, yet there can be no doubt that the essence of the truth of our second proposition, as bearing on practice, was contained in his defence of his views.

Dr Collins was personally engaged in watching and managing the

[1] *Provincial Medical and Surgical Journal*, 1848, p. 57. It is deserving of remark, that the author, who thus reasons with and without statistics, says, that the use of the latter "is, no doubt, destined to revolutionize, in a great degree, our modes of inquiry, particularly in surgery and midwifery, by imparting infinitely more precision and certainty to our present deductions and precepts where they are true, and showing us, in language that cannot be misunderstood, the erroneousness of our doctrines where they are not true."

great mass of cases reported in his valuable "Practical Treatise." This circumstance will always give his views a peculiar force and value, even were his reputation as an author and observer not so high as it deservedly is. It was at least rash in any author, addressing Dr Collins, to say,—"Against the truth of your own recorded opinions, I appeal to the truth of your own recorded facts. Against your own doctrines, I merely appeal to your own data." Such are, indeed, very tame expressions, compared with others that appeared in this controversy. And yet we think we have made it evident, that Collins, in common with the general mass of the profession, was right in regard to the main question, and his opponent wrong. Any one who reads the controversy, will find an admirable illustration of the fable of the two knights looking at different coloured sides of the same shield. But, although to a careful perusal this becomes evident, it is only just to add, that with Dr Collins rested the practical truth fairly founded on experience, while some theoretical truth was fitfully maintained by his opponent, yet so as almost to be concealed by error.

Let us consider for a moment what such reasoning, as Dr Simpson adopts in this controversy, would lead to. It humbly appears to us, that if he had looked where his arguments might lead, he would have himself been probably deterred from urging them. If mere length of labour be an important element in the causation of deaths from labour, then, certainly, patience is no virtue in an accoucheur. If mere length of labour be as he describes it, then meddlesome midwifery, I fear, must be declared good instead of bad. If mere length of labour be as important as he represents it, then any treatment, which will accelerate delivery, may be easily defended. If it is right to disregard all the real causes of danger and death in labours, as this author does, in order to make prominent the danger of protraction, with the ulterior view of supporting an artificial interference which accelerates the process, then a like reasoning may be used for supporting the most absurd and unjustifiable measures, and the art of midwifery will be at the mercy of any specious reasoner, however ill-founded his arguments may be.

I have, in conclusion, to explain, that such has been the copiousness and the polemical character of our obstetric literature for the last fifteen or twenty years, that no one department of the science can be discussed without reference to the writings of the distinguished authors whose investigations have been given to the world within that period. To ignore authorities, whose names are identified with leading theories, would be at once pusillanimous and disrespectful. Lying across the path of research, their doctrines demand and are entitled to scrutiny. But, it may be said, why select for consideration those subjects bristled over with ordnance and armour? Simply for this reason, because these are the most salient points in the whole field of inquiry, and because the attention of the scientific world has been directed to them. The poorest compliment

that can be paid to an author, is to regard him as "alike unknowing and unknown;" the highest, is to discuss his writings either in the way of confirmation or refutation. I claim for myself an honest, sincere desire to arrive at truth, and no apprehension of a vulgar charge of combativeness will ever deter me from prosecuting that desirable object.

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